People and Places 2017/18

Public Health Intelligence

1. Key messages

- Licensing
- Environment
- Road safety
- Transport
- LDs
- Suicide and self-harm
- Domestic abuse
- Adult safeguarding
- Offenders
- Armed forces, their families and veterans
- Gypsy, Roma and Travelers
- LGBT

2. Introduction

To add

3. Wider Determinants of Health

3.1 Employment & income

3.2 Crime & Disorder

3.3 Environment (parks & open spaces, leisure, food safety)

Environmental Health

Introduction

Since 2012, Wokingham and West Berkshire Councils work jointly to deliver environmental health and licensing services across both local authority areas. Commercial team

Air Quality

Introduction

Air quality is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Air pollution particularly affects the most vulnerable groups in society; for example children and older people and those with limiting health conditions.

Context & policy

Levels of air pollution in the UK remain well above the European Union targets. The government estimates that meeting targest for the pollutant nitrogen dioxide will not be achieved until 2026. Need to explain what these targets are. The Governments current air quality plan focusses primarily on transport; since road transport contributes around 80% of nitrogen oxides emissions causing the UK to exceed it legal limits.

The Department for Environment, Food and Rural Affairs (DEFRA) publish national air quality objectives for the UK. The joint Environmental Health Team produce annual reports to monitor and assess quality across West Berkshire and Wokingham.

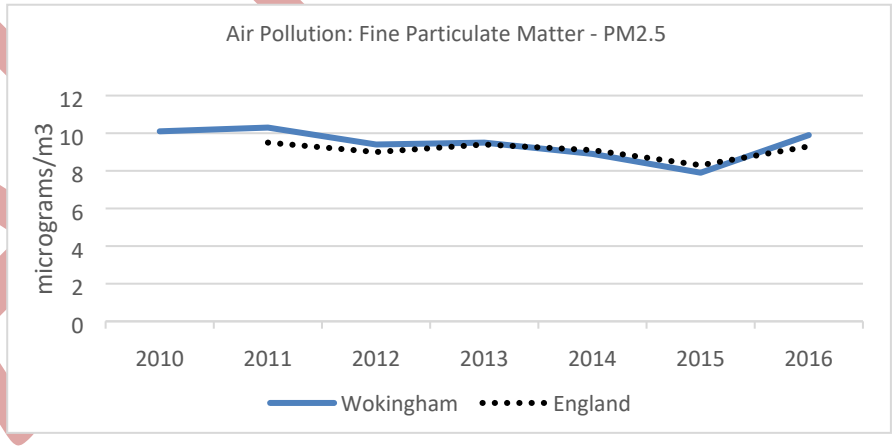
The Wokingham Picture

The majority of Wokingham borough has good air quality however, like most areas, there are a few hotspots where levels are worse than the recommended government guidelines. 2017 Air Quality Annual Status Report identifies road transport to be a major source of air quality pollutants in Wokingham borough and in particular the contribution from the M4 has been identified as significant.

The report highlights nitrogen dioxide (NO_2) as the main pollutant in the borough and identifies three Air Quality Management Areas (AQMAs) which exceed the national average objectives for NO_2 levels. These areas are: 1) Wokingham Town Centre, 2) Twyford Crossroads and 3) an area encompassing properties along the M4 and along part of the A329 where it passes under the M4. Larger quantities of NO_2 are commonly found in areas where there is traffic congestion and Wokingham borough's road network serves one of the highest car ownership ratios in the UK as well as having major strategic routes such as A329M and M4.

Facts & Figures

Levels of air pollution in Wokingham borough, (measuring particulate matter PM2.5) appear to be similar to others in the South East region and are slightly higher than the national average.



Inequalities

Three AQMAs identified in Wokingham borough where there are high levels of NO_2.

Recommendations

Wokingham Borough Council are formulating Air Quality Action Plans to address air quality and involve local people in how to shape it. Have we got air quality action plans in place and are implementing these? Add reference to Council tackling traffic congestion, developing greenways etc – green routes for getting to school or work & for leisure time.

3.4 Parks & Open Spaces

Introduction

Context & policy

The Wokingham Picture

Wokingham Borough Council Countryside Services look after 381 hectares of countryside sites that includes 217 hectares of country parks, 105 hectares of nature reserves and 59 hectares of Suitable Alternative Natural Greenspaces (SANGs).

Facts & Figures

Inequalities

Recommendations

3.5 Homelessness & Housing Need

Introduction

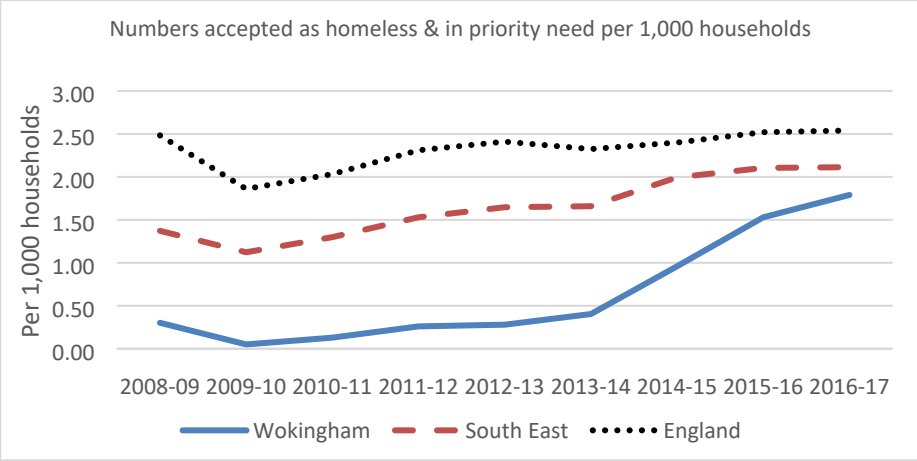
Some info already covered around housing register figures in the demographics profile of JSNA –don't want to duplicate.

Context & policy

The Wokingham Picture

Facts & Figures

Despite the number of households in Wokingham borough remaining below the regional and national average, there has an increase in the numbers accepted as homeless & in priority need year on year. In particular the rate of increase within Wokingham has been higher than national trends since 2014/15 despite overall figures remaining low.



The majority of households who are placed in temporary accommodation are housed in bed & breakfast in the borough. The proportion of households placed in temporary accommodation is much lower per 1,000 households than the rates across England. *Where are households generally placed if not in temporary accommodation – review & discuss with Jude Whyte & her team if possible.*

Inequalities

In 2015/16, Wokingham had 23% of supported working adults with learning disabilities living in unsettled accommodation; in-line with regional trends however above the national average. However improvements have been made in recent years with 78% of adults with a learning disability living in stable & appropriate accommodation in 2016/17; which is better than both regional & national average.

Recommendations

3.6 Road Safety

Introduction

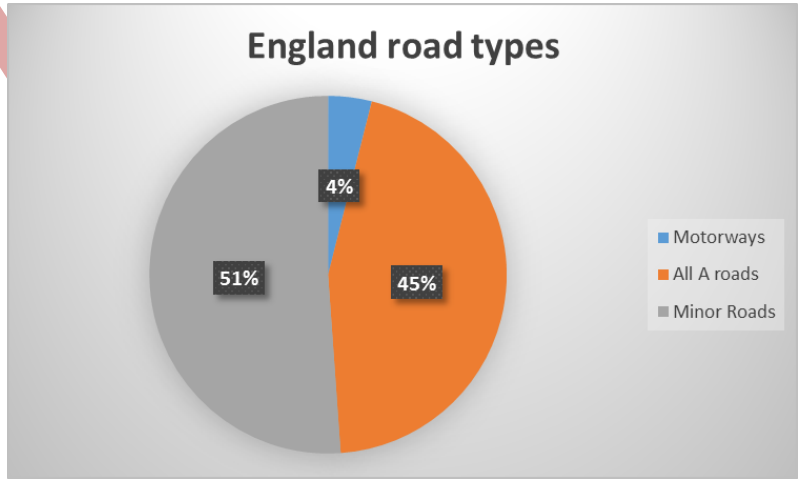
Road safety methods and measures are crucial to reducing the likelihood of road accidents and to avoid the risk of road users getting seriously injured or killed. The United Kingdom on the whole has one of the best road safety records in the world and has some of the lowest incident rates in the EU. Never the less, even though the U.K and Wokingham have seen drops in the amount of road traffic casualties over the last decade, there are still to many traffic casualties, indicating more could still be done to reduce the figures.

Context & policy

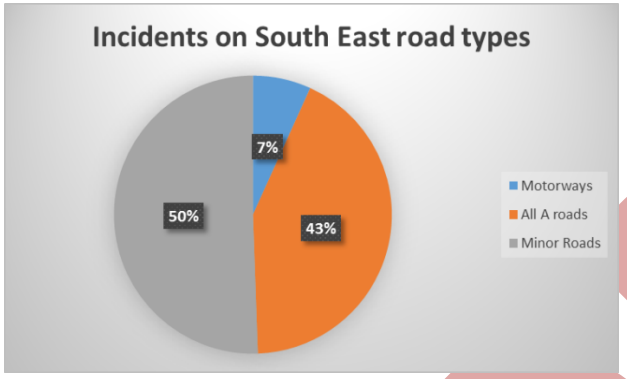
In 2016, there were 1,792 fatalities, 24,101 seriously injured and 155,491 slightly injured on Britian's roads. The numbe rof fatlities represents 0.3% of all deatsh in the U.K 2016 saw a 44% reduction in the number of fatilities that occurred across England compared with levels in 2006. Similarly casualties have reduced by around 30% in the last ten years across England.

The highest proportion of fatalities were in cars, at 46%, with pedestrians making up 25%, motorbike users 18% and cyclists 6%. Of those travelling by car killed, 68% were drivers and 32% were passengers. 19% of driver deaths were aged 17-24. There was roughly an equal split bewteen male and female for all casualty types. Amongst pedestrians killed, 26% were between th ages of 0-15.

In England, minor roads accounted for 51% of all caulaties reported , whilst all A roads represented 45% and Motorways just 7%.



Despite this national trend, in 2016 there was an 18% increase in fatalities occuring in the South East compared to the previous year. The South East had the higehst number of recorded fatalities, at 265. There were 22, 179 incidences recorded overall across the South east, the second highest regional number after Greater London. The South east also recoreded the highest number of serous injuries (3970) and the second higehst number of slight injuries (17,944). 1,530 incidences were recorded on motorways, 9,460 on A roads and 11,216 on minor roads.



The Wokingham Picture

Wokingham Borough has a wide and varied road network. Our borough has 736 KM of roads and 764 km of roadside footpaths. We have a major national motorway, the M4, of which 8 KM runs through the borough, several major A roads and a large number of B roads and other minor roads. As we are a more urbanized borough (Classed as *Predominately Urban*) our roads are classed as less rural than neighboring authorities such as West Berkshire. As a result, our residents are exposed to more roads than other local authority populations.

Overall, the number of casualties in Wokingham borough has reduced in recent years. However the numbers of residents Killed or Seriously Injured (KSI) has increased over the last ten years; with the number of KSI in 2016 being at it's highest since 2008. Despite this increase in Wokingham, comparing with neighbouring authorities, Wokingham has the third lowest rate of KSI per 100,000 population between 2014-16 and remains well below the South East regional average.

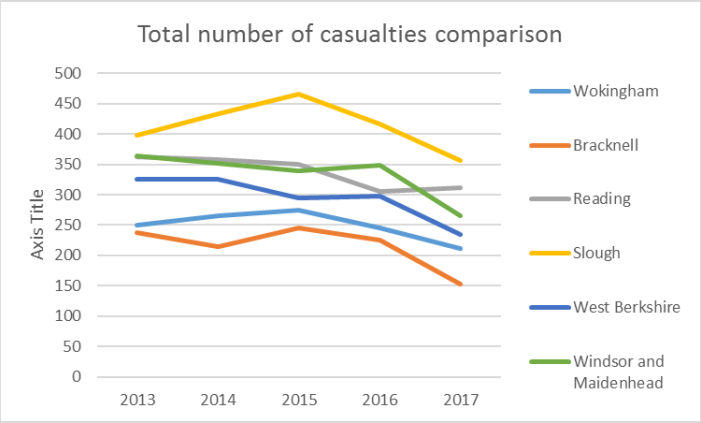
Facts & Figures

In Wokingham, the total number of casualties (fatal, seriously wounded and slightly wounded) stood at 212 in 2017. This is lower than in any year since 2013. The following table charts the breakdown of casualties from road traffic accidents from 2013-2017:

Wokingham				
	Fatal	**Serious**	**Slight**	**Total**
2013	1	49	200	250
2014	3	44	219	266
2015	1	47	226	274
2016	3	39	204	246
2017	4	39	169	212
Total	12	208	1018	1238

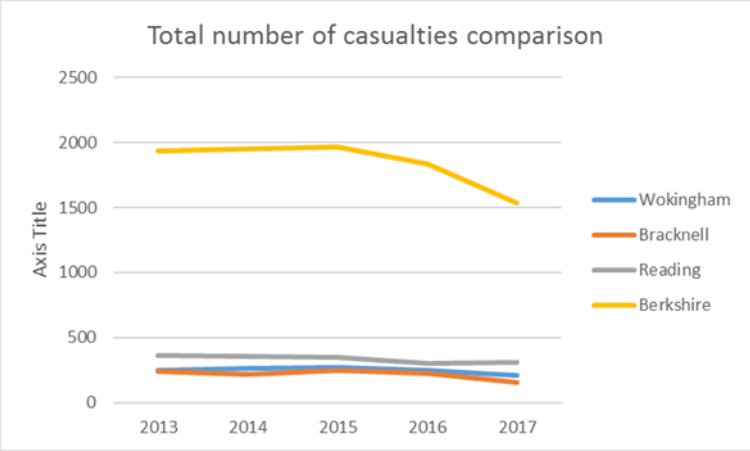
(WBC Highways and transport teams)

We compare favorably to our neighboring authorities. Wokingham recorded the lowest number of total casualties in any Berkshire authority, aside from Bracknell Forest:



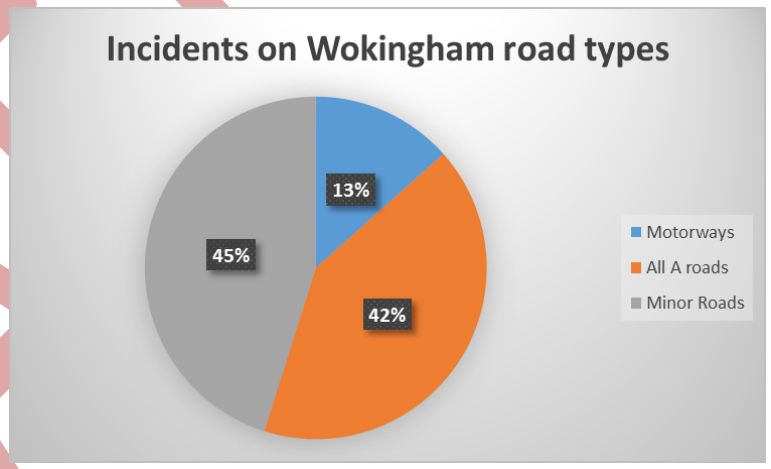
(WBC Highways and Transport teams)

The trend seen in Wokingham for a decline in road traffic casualties since 2013 has been repeated across Berkshire, with a decline in casualties recorded in each year from 2015-2017.

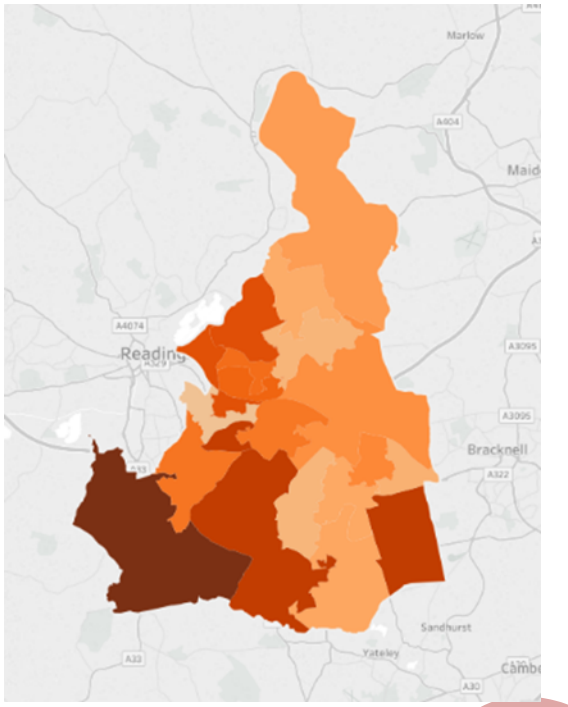


(WBC Highways and Transport teams)

In 2016, of the 246 incidences reported on Wokingham roads, 33 occurred on motorways, 102 on all A roads and 111 on Minor roads. This data shows that Wokingham recorded a higher number of road traffic casualties on motorways than the SE as a whole, likely due to the presence of the M4 running directly through the borough.



The highest proportion of casualties between 2012-2016 were reported in the Middle Super Output Area Wokingham 017; which covers Shinfield South and Swallowfield wards.



Inequalities

Younger pedestrians remain more at risk than older pedestrians. Teaching young children about road safety remains a key road safety strategy.
Cyclists face higher risks than ordinary car users: a greater emphasis

http://www.saferroads.org/

Recommendations

The My Journey Programme, currently run by WBC Highways and Transport team, has been focusing in recent years….

3.7 Transport

Introduction

Context & policy

Local Transport Plan setting out the long-term transport strategy for the borough; particularly for the four new communities being created to accommodate the majority of the construction of over 13,000 new homes in the borough as identified in the Local Development Framework Core Strategy.

The Wokingham Picture

Facts & Figures

Inequalities

Recommendations

4. Vulnerable groups

4.1 Adults with learning disabilities

Report for Darrell– Thursday 3rd May

PANSI

MOSAIC0331

4.2 Suicide and self-harm

Introduction

Suicide is defined as the act of ending one's own life intentionally. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is a devastating event. It is an individual tragedy, a life-altering crisis for those bereaved, and a traumatic event for communities and services. The impacts are immediately and profoundly distressing.

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.

Whilst around 50% of people who commit suicide have a history of self-harming and non-fatal self-harm is the strongest risk factor in subsequent suicide, the vast majority of people who self-harm are not trying to kill themselves (Samaritans, NHS choices). It is therefore important to understand the various reasons why people may want to self-harm.

Context & policy

In 2015, over 6,000 people committed suicide in the U.K. Over three quarters of those were men. The most common age bracket was the 40-44, although suicides occurred at all ages, minus the very young. It is notable that suicide is the most common cause of death in Men under the age of 35. For many years, Female suicide rates have been decreasing at a quicker pace than male suicide rates. The suicide rate stood at 10.9 per 100,000 of the population. The south east had one the third lowest suicide rate, at 9.7 per 100,000. There is a clear link between suicide and mental health disorders with 90% of suicides and suicide attempts being associated with a psychiatric disorder.

Nationally the U.K has one of the highest self-harm rates in Europe, with over 400 in 100,000 people self-harming, however this is likely to be an underestimate as many people who self-harm do not report it. The Majority of people who report self-harm are between the ages of 11-25 and that 13% of young people are believed to attempt to self-harm themselves between the ages of 11-16 (*self-harm UK*). In 2014-2015 the number of hospital admissions for self-harm in the U.K stood at 112,096, split between 69,800 female admissions and 43,282 male admissions (*NHS digital*). The highest rates of self-harm were reported by women aged 16-24. Risk factors include employment status, especially the economically inactive amongst working age adults and living alone.

Samaritans In their 2017 report urged the focus to be on local suicide prevention strategies, in particular focusing on suicide prevention and targeting areas with high levels of socio-economic deprivation. They call for raising greater awareness of the issue and for multi-authority and agency linking of their work (*Samaritans*).

In 2012 the government published its Suicide prevention Strategy, which aimed to focus on reducing the risk of suicide in high risk groups, tailoring approaches to mental health in specific groups, reduce means of access to suicide and providing a better approach to bereavement *(Suicide prevention strategy).* It urges for more joined up working between mental health, public health and adult social care and, in particular, urges a focus on suicide prevention at the local level. The 2017 update of the plan has called for a 10% reduction in the suicide rate across England by the year 2020-2021. The strategy is increasing its focus on bereavement, on self-harm and the male populace. By the end of 2016 95% of local authorities had plans in place to tackle suicide prevention *(Preventing suicide in England, Third progress report).*

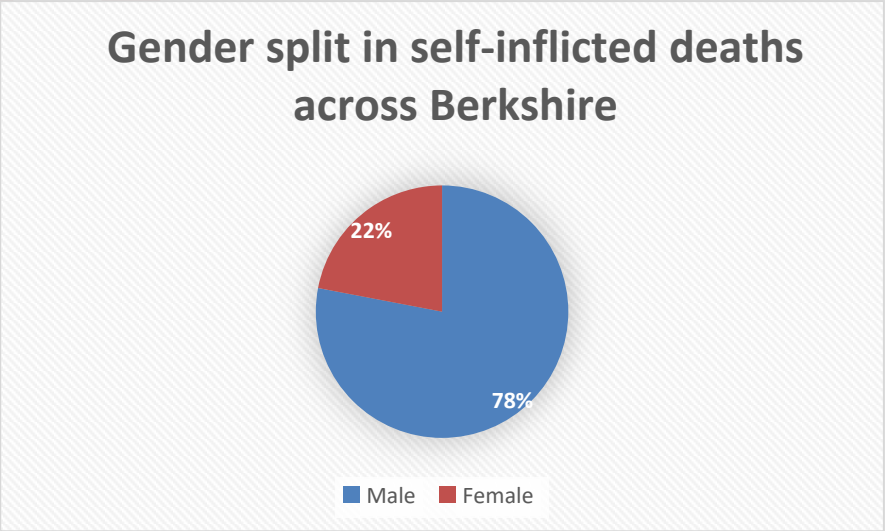
In Berkshire, the 2017-2020 suicide prevention strategy is a cross authority strategy to tackle suicide across the county. The aim is for a 25% reduction in suicide by 2020-2021, above the government's own target. It recommends achieving this by reducing the risk of suicide in key groups, tailoring approaches to mental health in specific groups, reducing access to means of suicide, proving better support to those bereaved by suicide and helping to forge a more sensitive approach to suicide in the media *(Berkshire Suicide prevention strategy 2017-2020).*

The Wokingham Picture

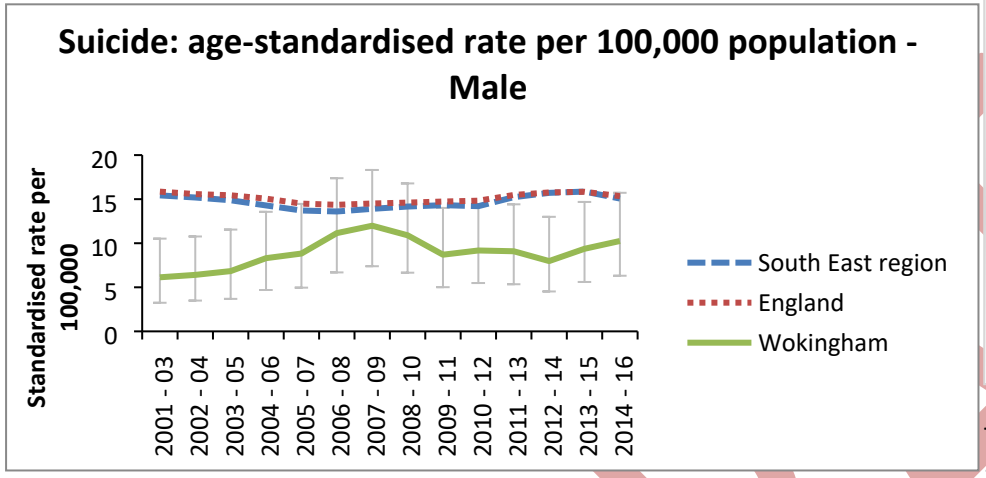
The Berkshire suicide audit is carried out every year and provides a picture of the situation in Berkshire's local authorities. It is carried out by the Berkshire wide Public Health England team and Wokingham's Public Health service plays joined dup role with the other Local authorities. The 2016-2018 audit is being compiled at the time of writing and therefore, the data presented in this chapter is not reflective of the current picture but never the less gives an accurate representation of the data over a three year reporting period (2014-2016) which is in line with national best practice.

In 2014-2016, there were 96 deaths that were recorded as suicides as suicides or undetermined by the coroner. 93% of these were residents who were in the borough whilst 7% lived outside of Berkshire.

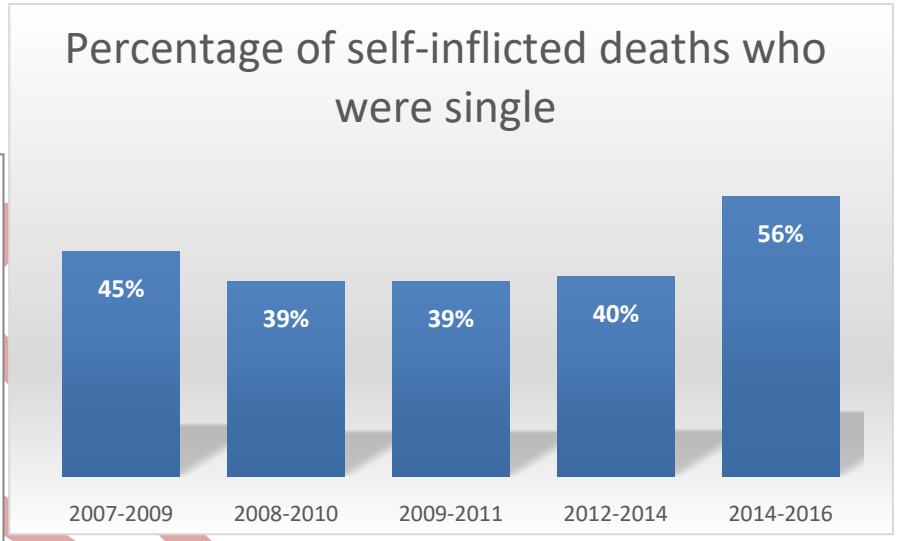
The gender split was 78% male and 22% female for the whole of Berkshire. This was reflective of the national picture. Across Berkshire, the most common age brackets were 40-49 and 50-59. The most common ethnicity reflected in the audits was White British, which was statistically lower than that group's prevalence in Berkshires population as a whole.



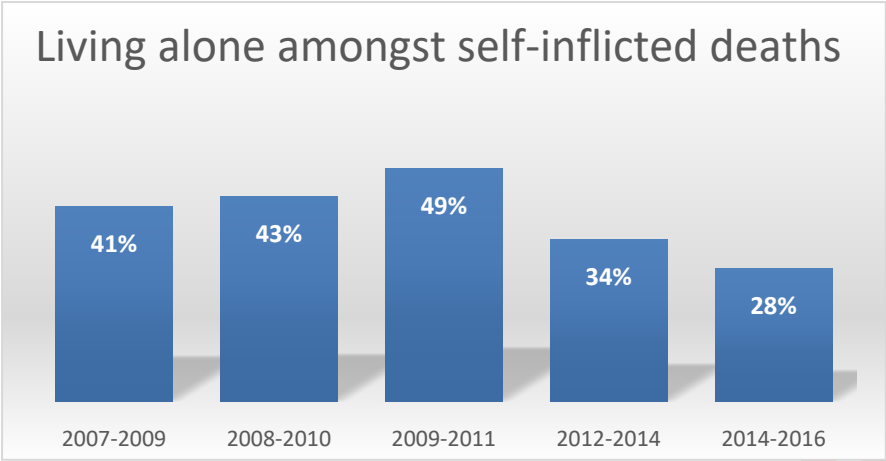
Our rate of male suicide per 100,000 of the population remains below both regional and national level statistics, although there has been a small closing of the gap in recent years.



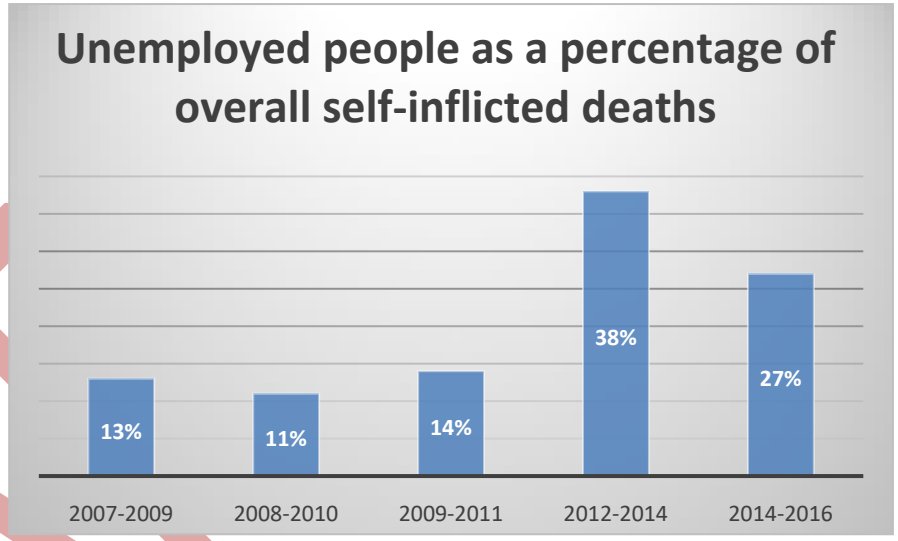
The data on martial and living status amongst self-inflicted deaths shows a clear trend towards those living alone and single being particularly at risk. In 2014-2016, 56% of all reported suicides were from people whose martial status was single, by far the highest demographic. This was also the highest it had been for several years.



The same is also true for those living alone, where 28% of all deaths in 2014-2016 were from this demographic, once again the highest, but not by so much of a wide margin. Again, however, this was a clear trend across all years observed.



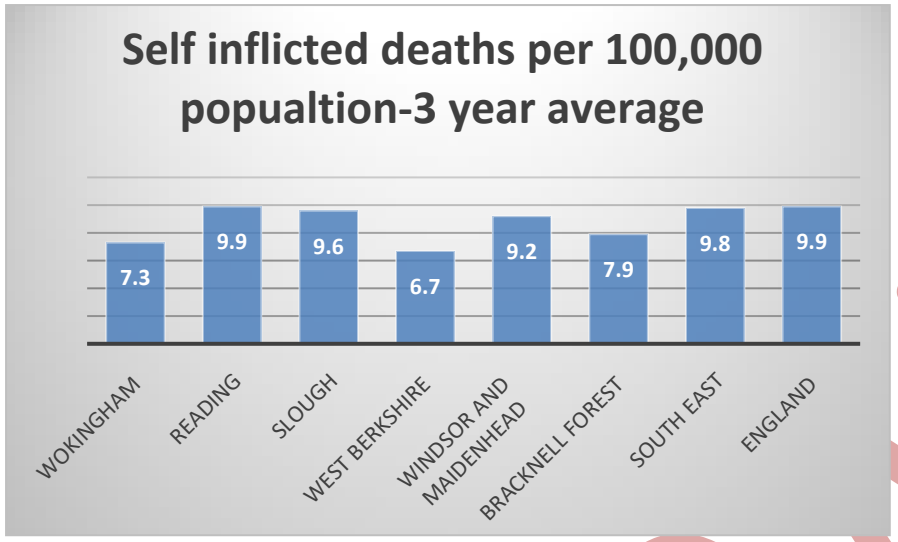
The economic status of those who commit suicide shows that those who are unemployed are much more at risk of suicide than other groups. Across the whole of Berkshire, 27% of those who committed suicide were unemployed. This is notable as unemployment was between 4-5% in this period. This is also a notable increase from previous years.



Amongst Berkshire authorities, whilst 45% of self-inflicted deaths from slough were from those who were unemployed, for Wokingham the figure was 15%. Factors for this will include the degree of employment status amongst each LA's population.

Finally, the deprivation status of resident deaths deserves attention. Across the whole of Berkshire, there was no clear trend as to the deprivation that was most common amongst self-inflicted deaths. Most deaths recorded fell between the 4th-7th least deprived deciles. This is perhaps higher than would be expected judged against the national picture.

Broken down by Local authority, Wokingham had a self-inflicted death rate of 7.3% per 100,000 of the population. This was the second lowest in

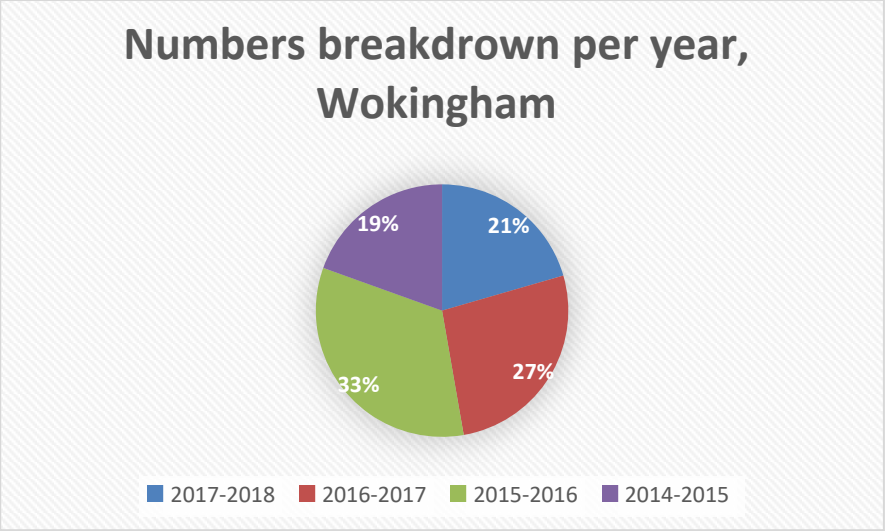


Berkshire and below the regional and national figures.

Self-harm:

The Royal Berkshire NHS Foundation Trust collects statistics on the number of incidences of self-harm that A & E records. This data is to be treated with some caution as it 1. Does not capture data accurately from all 6 Berkshire LA's and 2. Does not capture data for self-haring which is not reported, which is an issue with the national picture as well. Never the less, the data from RBNHSFT provided gives us a good idea of the picture in Wokingham.

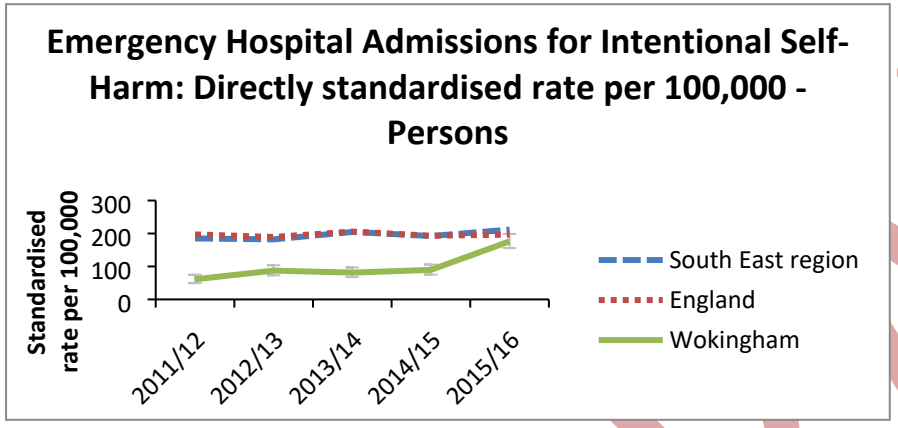
Between 2014-2018 the number of incidences across all Berkshire was 2817 across 2014-2018.



On a yearly basis, the year 2015-2016 accounts for a third of Wokingham's total admissions, a sharp increase from 2014-2015, which

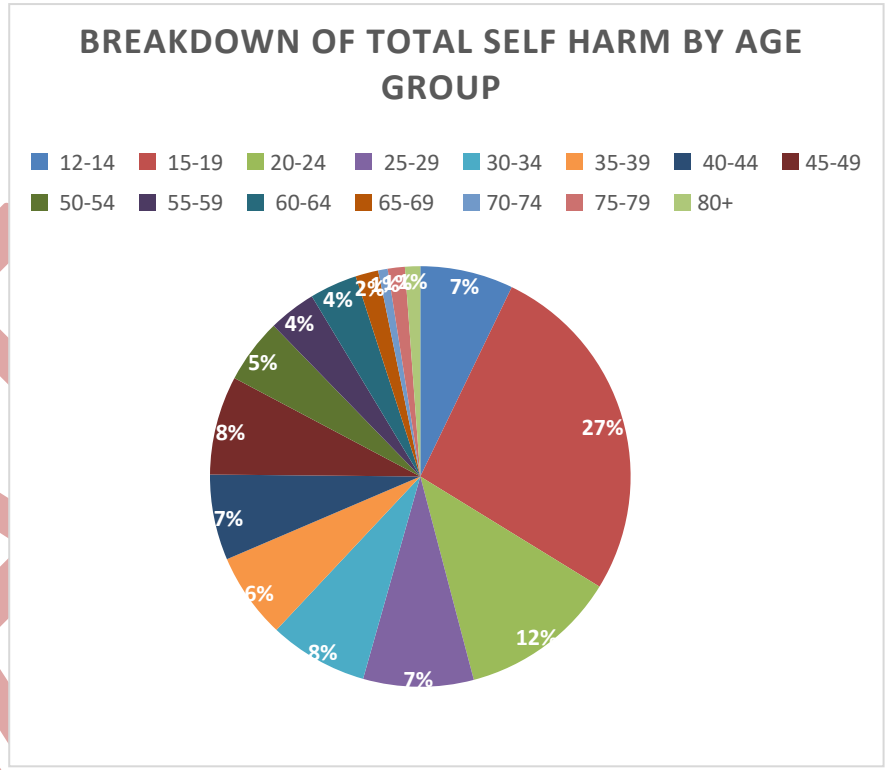
then slowly declines over the subsequent two years. This trend is repeated across all of Berkshire:

Wokingham's standardized rate of admissions per 100,000 of the population came to 176 per 100,000 of the population.

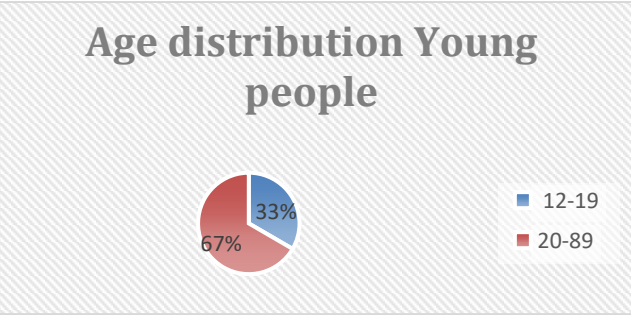


This rate has been statistically better than the regional and national picture, although in the 2015-2016 year there was a notable closing of the gap.

The age distribution of admissions deserves close attention. In Wokingham, the range of ages of those admitted to A & E was from 12-89. The median age was 26, whilst the mode was 15. Nearly half of all self-harming was reported in people under the age of 25. There is a notable spike in incidences from age 15-19 and a slow decline thereafter.

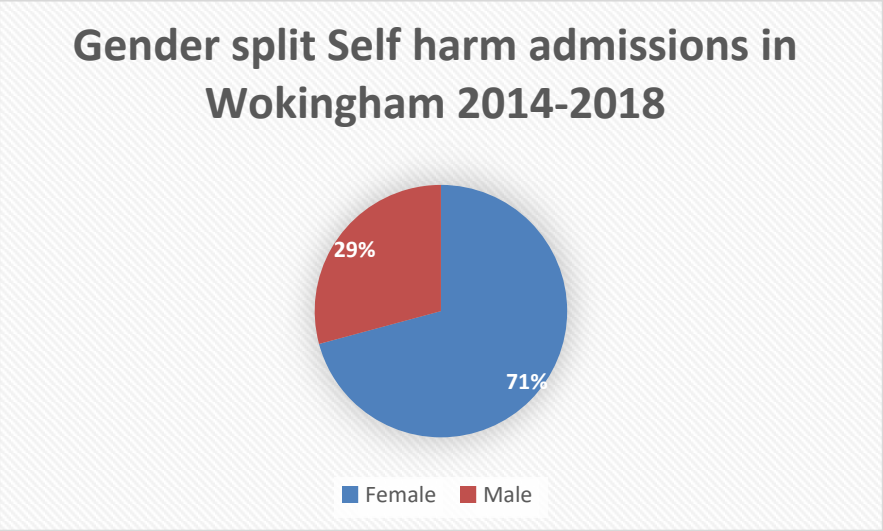


Taken as a whole, people aged 12-19 accounted for a third of all admissions.

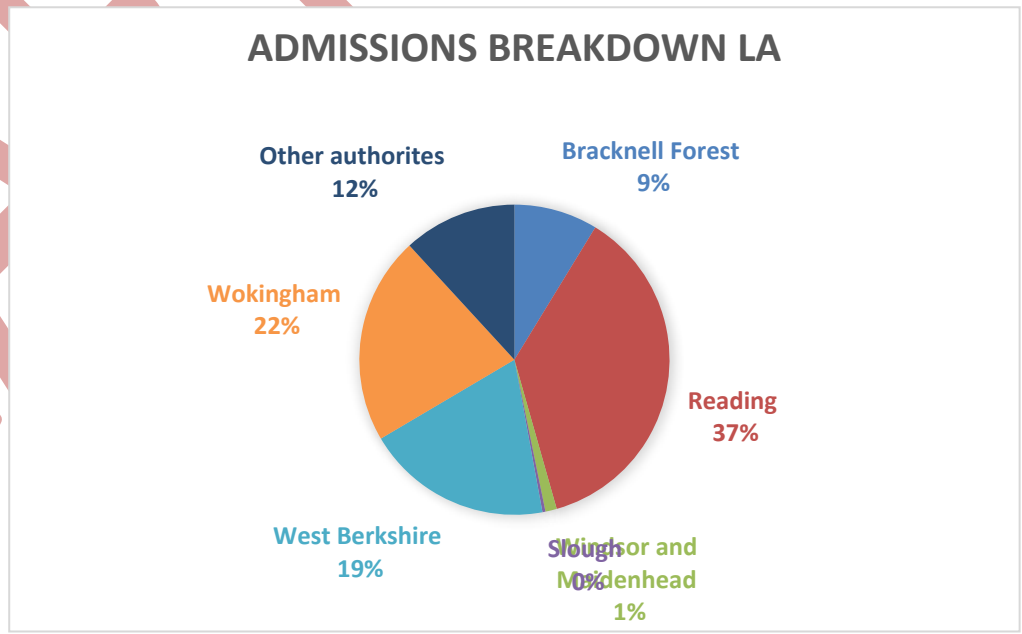


By far the most common ethnic group reported was white British. This correlates to the proportion of this demographic in the Borough.

Much like the figures for suicide, self-harm shows a clear gender bias, only this time towards women. In Wokingham, 71% of all admissions were reported to be female.



Comparison with the other Berkshire authorities is difficult, as the RBNHSFT is the only trust which has provided data. As such, the boroughs of West Berkshire, reading and Wokingham are disproportionately represented in the data provided, despite similar population levels between all boroughs. As a result, a meaningful comparison of Wokingham's overall position in relation to the local area is not present, but the data is presented below which gives a good indication.



Inequalities

The statistics show, similar to the national picture, that men, particularly younger men, are more at risk if suicide than any other demographic.

Amongst employment status however, the Berkshire and Wokingham picture correlates to the national picture-those who are unemployed are more at risk of suicide than other employment groups. The two other risk factors present are living alone and long term single.

Similarly, self-harm is significantly more prevalent amongst the younger demographic, particularly late teens, and young teenage girls in particular. The amount of young people in relation to all other ages shows a clear trend and a need to link self-harm prevention with young people's mental health strategy.

Recommendations

In regards to suicide, the emphasis should be focused on suicide prevention, in particular focusing on outreach to those groups who display the clearest risk factors. Additional help should be given to tackling loneliness and long term unemployment amongst the male population.

The other area that the council can focus resources on is towards services for bereaved families who have lost a loved one to suicide. This would help to raise awareness amongst the population of suicide, the warning signs and how to help and also help promote a more honest discussion around suicide to remove the taboo that still exists around it including and reducing stigma. Both of these recommendations are in line with both Samaritans and central government recommendations to local authorities.

In regards to self-harm, more outreach in schools and in youth and community centers to the late teenage demographic is the most effective way to raise awareness and, again, reduce the stigma and taboo around this subject. A focus most be looking at the causes of why people self-harm and linking it to a wider young person's mental health strategy. Hawing an outreach service would also help sufferers to talk about their feelings which lead to self-harm. An educational approach towards raising awareness should be implemented.

4.3 Domestic abuse

Domestic abuse is defined as

Any incident or pattern of incidents of controlling, coercive, threatening behaviours, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range if acts designed to make person subordinate and or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or pattern of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

The government is currently running a consultation to set out how it will respond to domestic abuse moving forward. Within this consultation they are proposing to adjust the definition of domestic abuse. The full details of the consultation including the proposed new definition can be found here – https://consult.justice.gov.uk/homeoffice-moj/domestic-abuse-consultation/supporting_documents/Transforming%20the%20response%20to%20domestic%20abuse.pdf

The British Crime Survey (BCS) self-completion module on intimate violence found that 7 percent of women and 5 percent of men were estimated to have experienced domestic abuse in the last year. This is equivalent to an estimated 1.2 million females and 800,000 male victims. In addition to this women's aid estimate that two women are killed each week by their partner or ex partner (2011).

The BCS (2011) also looked into the nature of the abuse and found that around a quarter (27 percent) of partner abuse victims suffers a physical injury as a result of the abuse. Among those who had experienced any physical injury or other effects (such as emotional problems) around a quarter (28 percent) received some sort of medical attention. When domestic violence is happening not all people take themselves out of the situation, and when asked for the reasons why they did not leave shared accommodation, 38 percent mentioned the presence of children as the reason, 34 percent stated love or feelings for their partner and 21 percent stated that they had nowhere to go. Domestic abuse is not exclusive to women and the British Crime Survey (2016/17) – Focus in violent crime and sexual offences, found that 15% of men aged 16-59 had experience some form of domestic abuse since the age of 16, this is equivalent to 2.4 million male victims.

NICE guidance has identified some of the risk factors associated with domestic violence, these include

- Is female
- Is aged 16-24 (women) or 16-19 (men) (Smith et al. 2011)
- Has a long-term illness or disability (this has been shown to almost double the risk) (Smith et al. 2011)
- Has a mental health problem (Trevillion et al. 2012)
- Is a woman who is separated (Smith et al. 2011)
- Is pregnant or has recently given birth (Bowen et al 2005 and Harry Kissoon et al 2002)
- Are lesbian, gay, bisexual or transgender (Roch et al 2010) (Donovan et al. 2006)
- Have a alcohol or drug misuse problem (Smith at al. 2012)

Facts and figures

For more details read our domestic abuse facts and figures (PDF document.)

What do we do?

In Wokingham the Domestic Abuse Strategy was updated in 2016. Wokingham's vision is the following,

'Wokingham Borough is committed to parity and equality between all aspects of life; mental and physical health, women and men, girls and boys and differing economic social cohorts. Domestic abuse and violence in all of its forms is not tolerated under any circumstance, and residents have the right to live their life free of abuse and violence. The Borough will offer support to anyone who needs it, tailoring that support to put the individual at the centre and ensuring that their wishes are respected at all times.'

The strategy sets out three themes, Prevention, Provision and Risk Reduction. These three themes and what they focus on are described below.

- **Prevention -** Increase understanding of professionals, work with schools and early education settings, and the wider community and broaden promotional campaigns to help prevent domestic abuse from happening in the first place.
- **Provision** – Ensuring those living with domestic abuse and/or violence have a safe and supportive environment enable them to report when abuse is occurring/ is likely to occur.
- **Risk reduction -** Take action to prevent repeat abuse, this includes working with perpetrators.

National and Local Strategies and strategic drivers/links

Local

- Domestic abuse strategy 2016-2020

National

- NICE: Domestic violence and abuse: multi-agency working
- Ending violence against women and girls strategy: 2016-2020 https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020

Facts, figures and trends

Data from the Police

The Thames Valley Police Data from 2017/18 shows that the number of domestic incidents reported to Thames Valley Police, both recordable and non-crime occurrence, have follows the increasing trend from 2015/16. The data shows that recordable crimes have increased by 6% between 2016/17 and 2017/18 and non-crime occurrences have increased by 11% between 2016/17 and 2017/18. This suggests that more residents are reporting the crime to the Police. By increasing resident's reporting of domestic abuse we can as a Borough work to support people quicker, getting them the help they need.

The definition of recordable and non-recordable crimes are as follows;

A recorded crime is all offences reported to the Police **minus** any offence that has the below criteria of Crime Related Occurrence or Offence is Cancelled.

A Non-Crime Occurrence will be a domestic incident non crime that doesn't have a Home Office statistic code (used to identify crimes when analysing crime data).

Crime Related Occurrences: This term is used to describe a record of an occurrence which has come to the attention of the police, which, on the Balance of Probabilities would normally amount to a notifiable crime, but a resultant crime has not been recorded. The specific circumstances where this would happen are:

1) The occurrence is reported by a third party and either
a) The alleged victim declines to confirm the crime or
b) The alleged victim cannot be traced
2) The occurrence is being dealt with by another police force
3) The National Crime Recording Standard or Home Office Counting Rules for Recording Crime direct that a crime should not be recorded

Whilst the increase of reports are positive there has also been an increase in the percentage of repeat reports of domestic abuse to the Police. Currently Wokingham has a repeat rate of 26%. This has increased by 3.1% between 2016/17 and 2017/18. This shows that 26% of reports have previously been a victim in the 12 month period. This has been highlighted locally and further work will be undertaken to explore this further and understand the reasons behind this.

Data from the commissioned Domestic Abuse Support Service

The commissioned service is not following the same trend as seen in the police data. This would suggest that the increased reporting to the Police is not leading to an increase in specialist support currently. This could be because the same residents have increased their reporting, we might not be meeting the current demand, or support is being provided through different agencies. Figure 1 shows the pattern of calls to the helpline. There doesn't appear to be a clear trend of when the calls come through and although quarter 4 for 2017/18 isn't available it is estimated that the

total number of calls will likely remain similar or slightly higher than those in 2016/17.

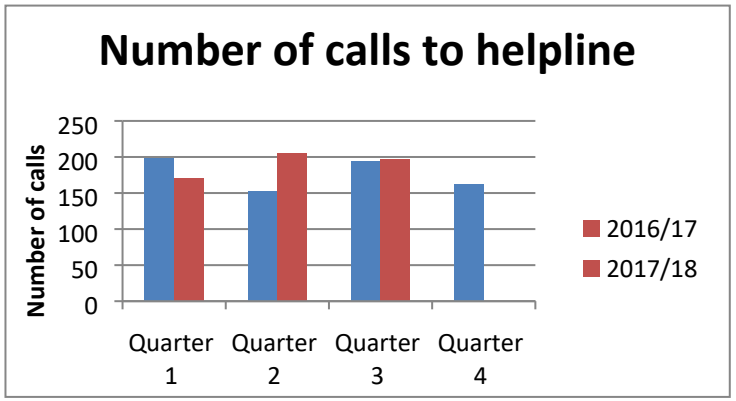


Figure 1- Number of calls to the helpline (service level data)

Figure 2 shows the numbers of referrals received for outreach support by our commissioned service. This shows that the number of referrals has dropped in quarter 2 and 3 of 2017/18. It is estimated that the total number of referrals is expected to decrease in 2017/18, however this isn't unexpected. 2016/17 experienced a large irregular spike of referrals in quarter 4 of 2016/17. This is not expected in quarter 4 of 2017/18.

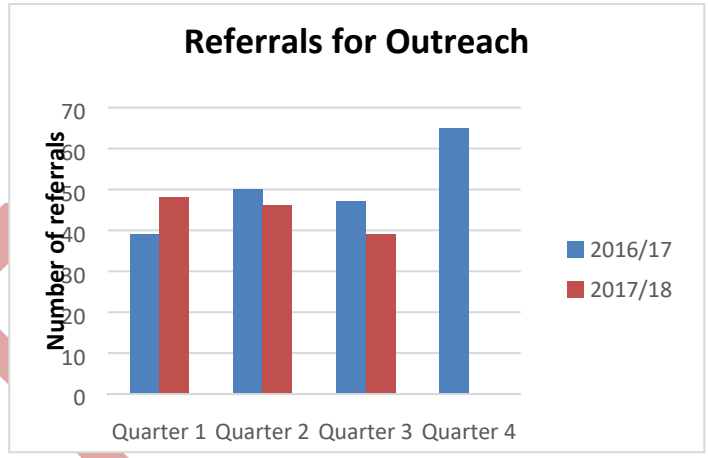


Figure 2 - Adult referrals for outreach support (service level data)

Figure 3 shows the number of referrals received by our commissioned service for children and young people support/group work. It is expected that the total numbers in 2017/18 will be similar to those in 2016/17. There has been a spike in referrals for children and young people in quarter 4 in both 2016/17 and 2017/18, and it is estimated that this spike will occur in 2017/18. It could be that this is due to the fact that support is offered mainly in a school setting so children and young people need support before the school breaks for summer in July.

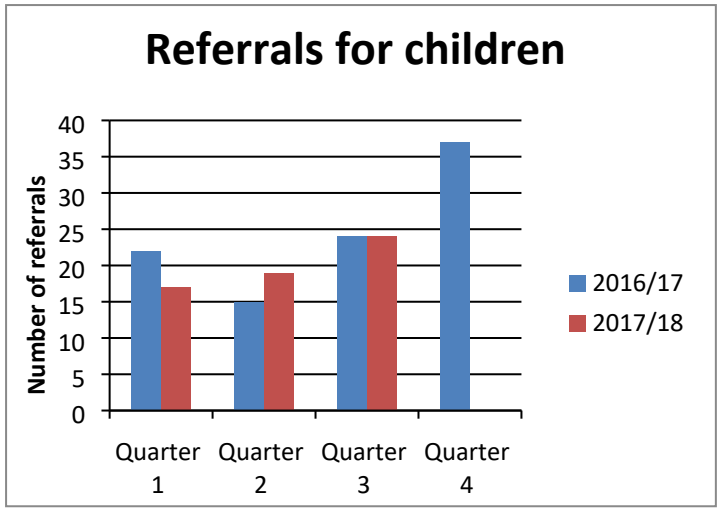


Figure 3 - Number of referrals for children support/group work (service level data)

4.4 Adult safeguarding

The Care Act 2014 came into effect on 1 April 2015. It reformed the way the adult social care system works in England including how care is delivered. The changes included a range of new obligations for local authorities around the provision of care, and also strengthened the rights and recognition of carers, and provided a legal basis for safeguarding adults from abuse or neglect.

Safeguarding Adults is now a statutory duty. Under Section 42 of the Act, where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

(a) has needs for care and support (whether or not the authority is meeting any of those needs) and

(b) is experiencing, or is at risk of, abuse or neglect and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it,

the local authority must then make whatever enquiries deemed necessary to decide whether any action should be taken and if so, what and by whom.

There were 109,145 individuals with enquiries under Section 42 of the Care Act that commenced during 2016-17; this represents an increase of 6 per cent on the previous year (102,970). When directly standardised for age and population this shows that 250 adults per 100,000 were involved in Section 42 enquiries during 2016-17, up from 238 per 100,000 in 2015-16.

Source: NHS Digital: Safeguarding Adults Collection (SAC), Annual Report for England 2016-17, Experimental statistics

Wokingham had a rate of 411 per 100,000 population aged over 18 of individuals involved in a Section 42 enquiry starting within 2016/17. This is up from 389 per 100,000 population in 2015/16.

The largest number of section 42 enquiries started within the year, by age group, was the 85 and over category (4,351). The lowest number of section 42 enquiries by age group were aged 18-64 (144). This is in line with England and the South East Region.

When looking at the concluded section 42 enquiries within the year by the type of risk, Wokingham's highest risk type was 'Neglect and Acts of Omission' with 330 recorded with this risk, and second highest risk type was 'Psychological Abuse' (125).

Please Note: There can be more than one risk type selected for each concluded Section 42 enquiry, therefore the numbers may be higher than the total concluded.

Source: NHS Digital: Safeguarding Adults Collection (SAC), Annual Report for England 2016-17, Experimental statistics

Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality, including CQC's essential standards for registered services. There is a question within the Adult Social Care Survey that is used to determine the measure: 'The proportion of people who use services who feel safe'. This uses the percentage of all those responding who choose the answer "I feel as safe as I want".

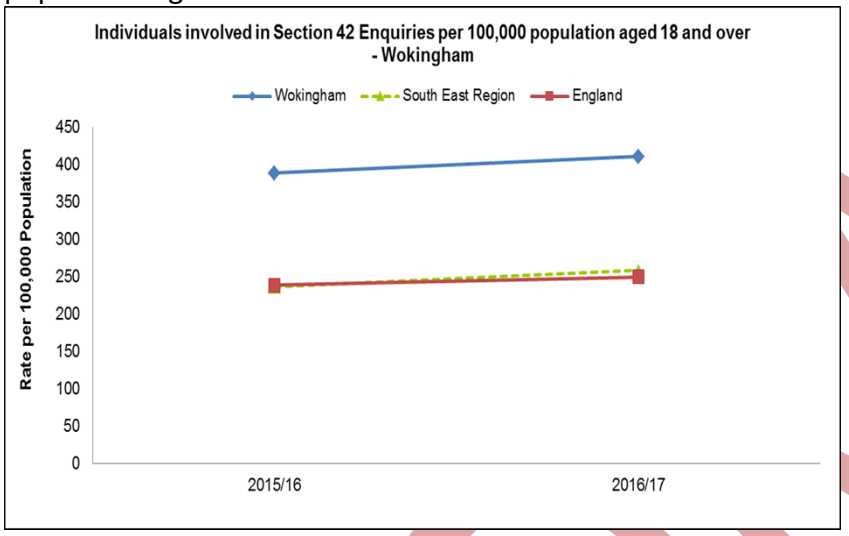
For Wokingham this was 67.3% of respondents to the 2015/16 survey. This is similar to England (69.2%) and the South East Region (70.1%).

Another question drawn from the Adult Social Care Survey determines the proportion of people who use services who say that those services have made them feel safe and secure. This is the percentage of respondents who choose "Yes" to the question: "Do care and support services help you in feeling safe?".

78.8% of respondents, from the 2015/16 Adult Social Care Survey, feel the services they use do help them feel safe and secure. This is significantly worse than England (85.4%) and the South East Region (86.1%).

Source: PHE Adult Social Care Profile: Safeguarding Vulnerable Adults

Figure X: Individuals involved in Section 42 Enquiries per 100,000 population aged 18 and over



Source: NHS Digital: Safeguarding Adults Collection (SAC), Annual Report for England 2016-17, Experimental statistics

4.5 Offenders

Introduction

An individual who is convicted by the criminal justice system as having committed a crime, violated a law or transgressed a code of conduct is referred to as an "offender."

The government estimates that re-offending costs the tax payer £13 Billion a year. Almost half of those who are released from prison go onto re-offend within a year. For those serving shorter sentences the figures are even worse. Offending is therefore a cycle which must be broken to prevent new victims of crime.

This chapter considers the population and health of "offenders" in the Wokingham Borough. Generally offenders are a socially disenfranchised group who are far more likely to have mental illness, learning disability, substance or alcohol misuse, poor educational achievement and unemployment than the general population. All of these factors contribute to first time offences and to offenders going on to re-offending.

Context & policy

Since 2014 the Probation Service has been split into two organizations: National Probation Service is for high risk violent and sexual offenders including those under Multi-Agency Public Protection Arrangements (MAPPA). There are three categories of offender: Category one covers all sex offenders, category 2 covers all offenders receiving a custodial sentence of 12 months or more for a violent offence and category three covers others wo are deemed a serious risk to public safety.

The second is the 21 Community Rehabilitation Companies (CRCs). The CRC covering Berkshire is the Thames Valley CRC.

In 2016, there were 267,146 offenders on probation in England and Wales. This was 14% higher than 10 years ago. There were 73,560 releases from prison; this figure is relatively stable from 10 years ago. The rate of re-offenders across England was 25%, which is a slight decrease over the last 5 years. The number of first time offenders was 218.4 per 100,000 in 2016, a decrease from 2015 figures. There were 71,905 offenders who were covered by MAPPA, of which the majority (73%) were Category 1 offenders a rate of 104 per 100,000 of the population.

In 2016, there were around 16,000 young people aged 10-17 receiving their first reprimand, warning or conviction in England and 36,000 being monitored by a youth offending team. This equates to a rate of 3278 new entrants into the youth justice system and the rate of children aged 10-17 in the Youth Justice System in 2016 was 3.2 per 100,000. This showed a continuing decline from the previous 6 years. A majority of these are male rather than female.

In 2013, the government published *'Transforming Rehabilitation: a strategy for reform'* which aimed to recue rates of re-offending, provide a new support system for offenders just released from prison (especially to those who have served under 12 months, of which little support is provided) open up markets to new providers who can tailor their support to specific conditions.

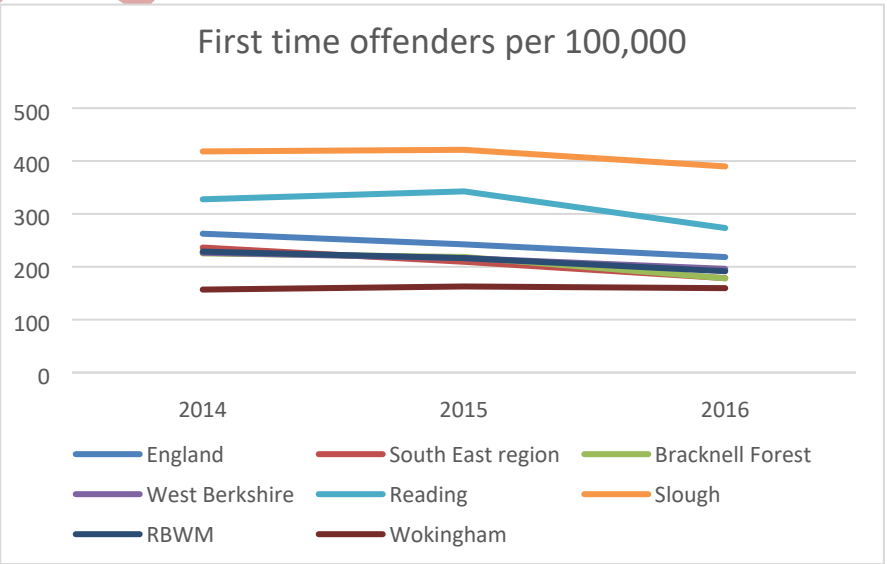
The Wokingham Picture

In general, the number of offenders and the rate of offenders in Wokingham is low compared to the regional and national picture.

The previous JSNA's findings highlighted that people between the ages of 26-35 are the most likely to be using probation services, that around 19% suffered from a mental illness or learning disability. Those who offended were more likely to have problems related to drugs, alcohol and have poor employment prospects or educational attainment.

In the Thames Valley area in 2016, there were 5,281 offenders on probation, a 20% increase over the previous year, of which there were 1,767 MAPPA-eligible offenders in the Thames Valley. Of these, 82% were Category 1, a rate of 73 per 100,000 of the population.

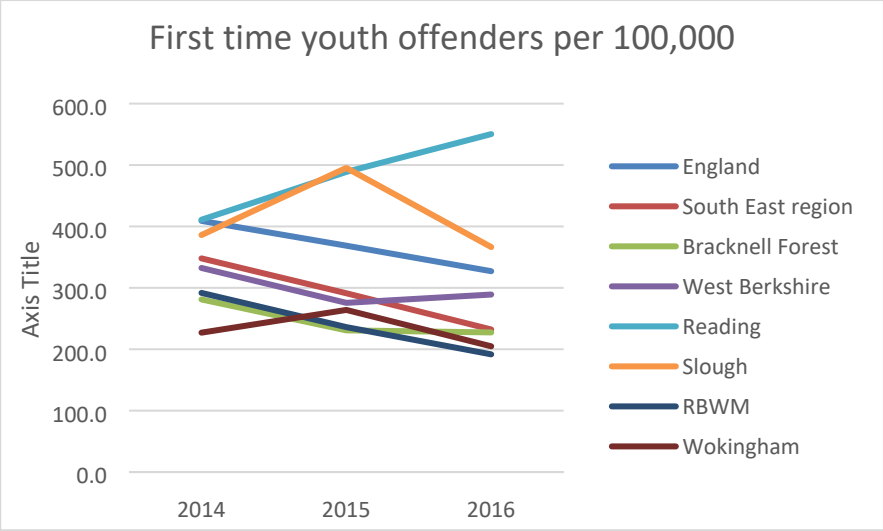
In Wokingham, the rate of first time offenders per 100,000 of the population stood at 160, a slight decrease from 2015. This compared favorably to the South East's figure of 179 and England at 218. This was also the lowest observed amongst all Berkshire Authorities.



The rate of re-offenders in Wokingham was 21%, slightly below the national figure and below the South East figure of 24%. This was also the lowest rate observed across all Berkshire authorities.

	2014
England	25.4
South East region	23.6
Bracknell Forest	21.0
West Berkshire	26.3
Reading	27.0
Slough	24.5
RBWM	21.4
Wokingham	20.7

In Wokingham, the rate of new youth offenders was 204 per 100,000 of the population and the rate of young people in the youth justice system was 2.6 per 100,000. Both indicators are significantly better than both the national, regional and local comparators.



Amongst youth offenders, the most commonly reported crime types were 'criminal damage' 'violence against the person' and 'theft and handling of stolen goods.'

Inequalities:

The Thames Valley Rehabilitation Company had the following to say regarding inequalities:

'There are widely acknowledged health inequalities between people in the criminal justice system end the general population. They are more likely to have disability, have a mental health problem, misuse drugs and alcohol, self-harm, smoke, attempt suicide, and die prematurely. Offenders in the community are less likely to access health services and are less likely to be registered with a GP.'

Recommendations

4.6 Armed forces, their families and veterans

Andrew Price – CCG- Mid-May

4.7 Gypsy, Roma and Travelers

Introduction

This chapter looks at the current picture of the Gypsy, Roma and Traveler (GRT) community in Wokingham. The GRT are one of the protected characteristics defined under the 2010 equalities act and therefore the council must give due-regard to this group in implementing our polices, projects or services.

GRT is a broad term. Not all Gypsies, Roma and Travelers identify with one another and the term GRT is sued to describe a diverse ethnic group and diverse lifestyles.

For centuries, the GRT community has suffered extreme levels of discrimination, persecution, violence and genocide across Europe. Even to this day, the needs and priorities of this community are largely missing from government policies, strategies and interventions.

Context & policy

According to the 2011 census data, the total U.K population of GRT ethnicity stood at 61, 892. This was 0.1% of the total population (ONS UK population 2015). However, this is based largely on self-identification and is thereof likely an underestimate. The Council of Europe estimates the U.K's GRT population at around 150-300,000. Approximately 1/5 of the population do not own a fixed living site (house or Caravan Park) and therefore move around the country between sites (*National Association of Teachers of Travelers*). A major problem throughout the history of the GRT community in Britain has been inadequate record keeping and monitoring of this group. As such, data that is held is never as complete as it should be.

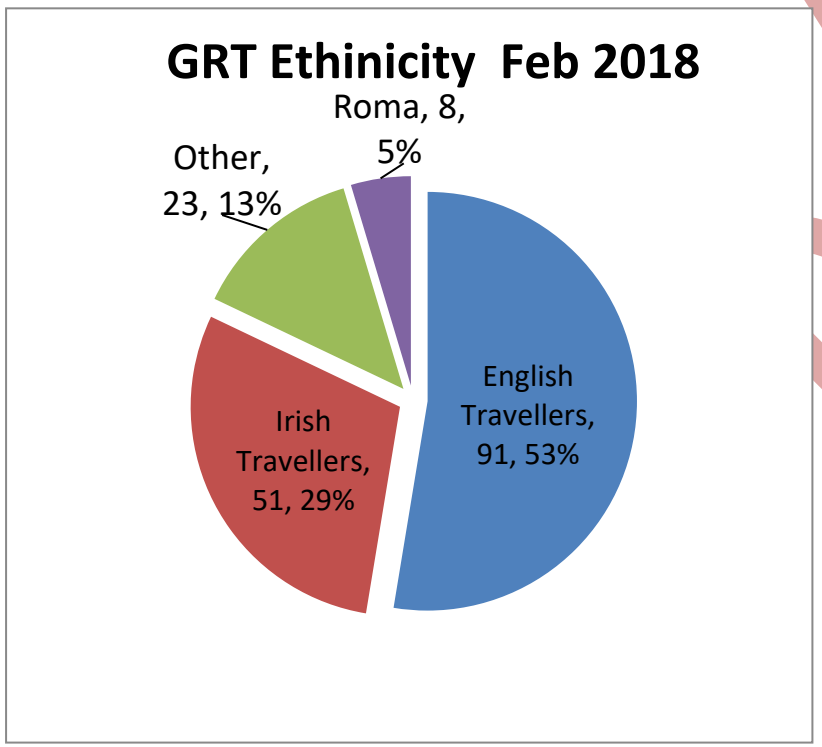
A report on the health and wellbeing of the GRT community published in 2008 found that the overall health of the GRT community is much poorer than the general population, in particular noting that it was the poor uptake of health services that was compounding the problem. Mental health is also a significant problem among the community, likely a side factor of discrimination that is faced.

The government published the *Planning Policy for Traveler Sites* in 2012, this set out the Government's aims. These aims include that local planning authorities should develop fair and effective strategies to meet need through the identification of land for sites, and to promote more private traveler site provision.

The Wokingham Picture

Wokingham Borough Council has a GRT Multi-agency and a strategic group. The groups are made of up of professionals from a wide range of agencies who work with the GRT community, as well as those who provide services to ensure that the community are involved. They have a good knowledge about services and how to access them and promote and empower community cohesion for our local GRT communities. A monthly report is published on the GRT community in the borough.

The most recent version is the February 2018 report. The report identified 173 GRT within Wokingham. Of these, they identified as the following ethnic groups:



4.8 Lesbian, Gay, Bisexual and Trans (LGBT) people

There is no robust evidence that will tell us how many LGBT people there are in the population although we can use what evidence we have to make some estimates and these are described below. A key theme throughout this assessment is the lack of high quality, large scale research around the needs of LGBT people. However, what is included in the sections below is based on the evidence that we do have and clearly indicates numerous inequalities in the health and wellbeing of LGBT people compared to the general population as well as inequalities in health and social care service access and provision. Therefore, the main focus of the following section of this assessment will focus on the known and indicated inequalities experienced by LGBT people both as a group as a whole and separately for groups within the LGBT population.

Estimates of the number of LGBT people within the population

- The "I exist" survey respondent characteristics (sample = 2,580)
- 41% had a religion or belief 6% of whom said they were Christian
- 68% were in employment (similar to general population)
- 1/10 identified as carers (similar to general population

- 42% said they had realised that they might be LGB between the ages of 13-15
- Only 14% had come out by this age
- By 25 years old 25% had not come out
- 3% have never come out (The Lesbian and Gay Foundation, 2012a)

Sexual orientation is not asked on the National Census and is not monitored for consistently in employment or services. Research allowing us to make a reasonably reliable estimate indicates that 5-7% of people are LGB (LGBT Foundation). There will be variation between different areas with sexual minorities more likely to migrate to larger cities.

An estimated 1% of the population identify with a gender that is not the same as the sex that they were born with. 0.2% may seek gender reassignment intervention with the median age for presentation for reassignment being 42 years of age. There are now an increasing number of people presenting in adolescence (Varney, 2013).

Key health issues and inequalities for all LGBT people

Qualitative evidence coming from the LGBT community and peer reviewed research both provide a wealth of evidence of the health inequalities faced by LGBT people. Key areas where inequalities are described are; lifestyle behaviours (e.g. smoking and drug use), sexual health, mental health, workplace health, and service access and quality. Lifestyle, sexual health, and mental health inequalities are discussed in more detail later in this assessment. The experiences reported by LGBT people in relation to workplace health and services access are outlined in the table below.

Table 1: Experiences of LGBT people relating to healthcare and workplace health

Topic	Experience	Source
Healthcare service quality (data relates to service using Stonewall's Healthcare Equality Index Tool so are likely to represent the more positive experiences of care)	38% felt the organisation was lesbian, gay and bisexual friendly	(Stonewall, 2015b)
	63% felt they were treated with dignity and respect at all time	
	53% felt comfortable telling healthcare professionals their sexual orientation all of the time	
	68% would recommend services to friends or family if they needed similar care or treatment	
Workplace health and wellbeing	33% of LGB people have not disclosed their orientation to any service user	(Stonewall, 2015c)
	Bisexual men are the least likely to have told any colleagues about their sexual orientation (35% had not disclosed their orientation to any colleague)	
	Older LGB respondents were less likely to be out with anyone at work than younger respondents	
	Those who are out with colleagues are more satisfied with their sense of achievement (86% versus 54%)	
	Those who are out with colleagues are more satisfied with their job security (76% versus 50%)	
	Those who are out with colleagues are more satisfied with the support from their manager (86% versus 51%)	
	Those who are out with colleagues are more satisfied with the training that they receive (76% versus 46%)	
	3/10 LGB people missed work in the last 12 months due to stress and 7% missed a month or more 1/10 had missed work due to their alcohol use and 4% had missed work due to their drug use	(The Lesbian and Gay Foundation, 2014a)

Experiences of LGBT people relating to healthcare and workplace health

Research shows that; patients want to talk to healthcare professionals about their sexual orientation; patients want the healthcare professional to initiate these conversations; but clinicians feel uncomfortable discussing issues around sexual orientation due to different reasons such as a lack of confidence of dealing with sexual health, having fears of offending the patients and a lack of understanding of new sexual terminology (Rogers, 2014).

The Public Health Outcomes Framework Companion Document (Williams, Varney, Taylor, Fish, Durr, & Elan-Cane, 2013); describes the health inequalities experience by LGBT people across each Public Health Outcomes Framework (PHOF) indicator. These inequalities flow through all domains of the framework beginning with the wider factors which are known to lead to inequalities in health. These stem from discrimination which impact on housing provision, education, and experiences of crime and violence. There is much evidence that shows that LGBT people are more likely to engage in lifestyle behaviours that are damaging to health including smoking, alcohol misuse, and drug use. They are less likely to engage with health improvement services which support people to improve their own health as well as to engage with screening services such as cancer screening. LGBT people are more likely to experience inequality in relation to healthcare services and are more likely to die prematurely.

The Adult Social Care Outcomes Framework Companion Document (The National LGB&T Partnership, 2015) brings together existing evidence on the needs of LGBT people in a similar way to the Public Health Outcomes document but, this time, with a focus on care and support needs. Providers of social care services have commented that sexual orientation and gender identity were never mentioned in regards of the provision of services.
There is evidence that inequalities exist between LGBT people and the general population against the majority of the indicators within these two frameworks and these are included in the additional information provided along with this assessment.

ONS? – Thursday 3rd May

PHE?

Wokingham council?

4.9 Carers

6.5 million people in the UK are carers and this number continues to rise. The 2011 Census figures for the UK show an 11% rise in the number of carers since the last Census in 2001 - increasing by over 620,000 to 6.5 million in just 10 years.

Every year over 2.1 million adults become carers and almost as many people find that their caring responsibilities come to an end. This 'turnover' means that caring will touch the lives of most of the

population, estimated to be 3 in 5 people will be carers at some point in their lives.

Carers UK estimates a 40% rise in the number of carers needed by 2037 – an extra 2.6 million carers, meaning the carer population in the UK will reach 9 million.

1.4 million people provide over 50 hours of unpaid care per week. Almost 4 million of the UK's carers care for 1-19 hours each week. But the numbers caring round the clock, for 50 or more hours or more each week, are rising faster than the general carer population - an increase of 25% in the last ten years compared to an 11% rise in the total number of carers. According to the Personal Social Services Survey of Adult Carers in England 2014-15, over a third of carers (38%) are caring for over 100 hours a week.

Most carers care for just one person (83%), but 14% care for two people and 3% are caring for at least three people.

58% of carers look after someone with a physical disability, 20% look after someone with a sensory impairment, 13% care for someone with a mental health problem and 10% care for someone with dementia.

Source: Carers UK - Facts and figures

The Personal Social Services Survey of Adult Carers in England (SACE) takes place every other year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs). The survey seeks the opinions of carers aged 18 or over, caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role.

The largest proportion of carers are aged 55-64 (24.2 per cent) or approximately 82,750 people. Carers aged 18-24 represent the smallest group at 1.4 per cent or approximately 4,850.

90.1 per cent of older carers, those aged 85 and over have caring responsibility for someone aged 75 or over. For all carers aged over 45, the highest percentage of the people they care for are aged 75 or over.

Providing care and support can have a detrimental impact on the health of the carer themselves, indeed nearly 20 per cent of carers reported that in the last 12 months, their health had been adversely affected by their caring role and made an existing condition worse. There are other ways in which the carer's health is directly impacted as a result of their carer role:

76.0 per cent reported 'feeling tired' and 64.0 per cent of carers reported they experienced 'disturbed sleep' as a result of their caring role

A third of carers reported feeling the 'physical strain' of caring

Nearly 60 per cent reported a 'general feeling of stress and 43.4 per

cent stated they were 'feeling depressed'

Satisfaction with support or services is directly linked to a positive experience of care and support. Overall, for carers who received support or services along with the person they care for, 71.0 per cent were extremely, very or quite satisfied with the support or service they received. This compares to 13.4 per cent who were extremely, very or quite dissatisfied and 15.5 per cent that were neither satisfied nor dissatisfied.

Loneliness is linked to poor mental and physical health. A key aspect for social care is for it to tackle loneliness and social isolation. Overall 35.5 per cent of carers reported they have as much social contact as they want with people they like, 48.3 per cent have some social contact but not enough and 16.2 per cent reported they have little social contact and feel socially isolated.

Source: NHS Digital - Personal Social Services Survey of Adult Carers in England, 2016-17

Carer-reported quality of life scores 2016-17

Responses to six questions from the Survey of Adult Carers in England (SACE) are used to calculate carer-reported quality of life (QoL) scores. The questions cover six domains; occupation, control, personal care, safety, social participation and encouragement and support. Each respondent is assigned a score based on their answers to the six questions, which has three answers (no unmet needs, some needs met or no needs met) to choose from. Higher scores are assigned to better outcomes so the higher the overall score the better the average social care related quality of life. The maximum possible score is 12.

The overall QoL score for Wokingham in 2016-17 was 7.9. This is made up of 320 respondents to the six questions within the SACE. The overall score for the South East was 7.6 and 7.7 for England.

The new indicator included in the Dementia Profiles is for the carer-reported quality of life score, for carers who self-reported that they cared for a person with dementia. In Wokingham the score was 7.7, which is above the England and South East Region scores that both scored 7.5 out of a possible 12.

When looking at the quality of life scores by the health condition of the person being cared for, those carers who look after a person with a learning disability or difficulty have the highest score (8.6) and those who care for someone with a long standing illness, or problems connected to ageing have the lowest (7.0).

Source: NHS Digital - Personal Social Services Survey of Adult Carers in England, 2016-17

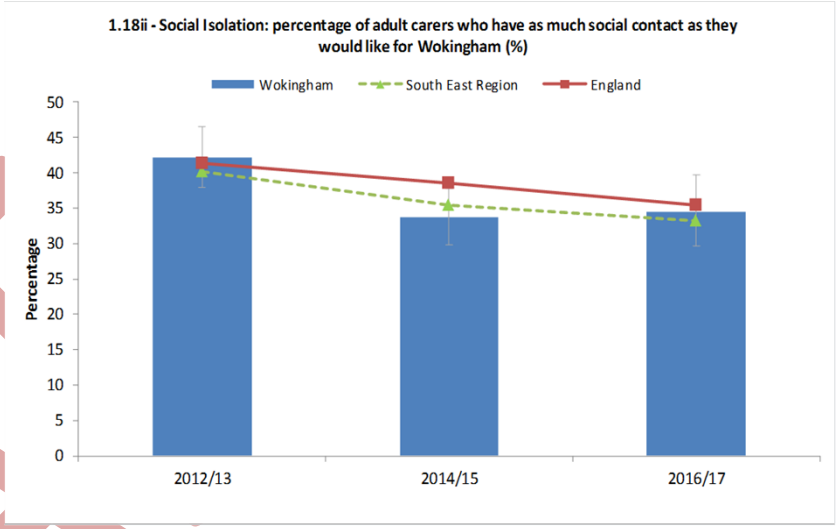
Social Isolation

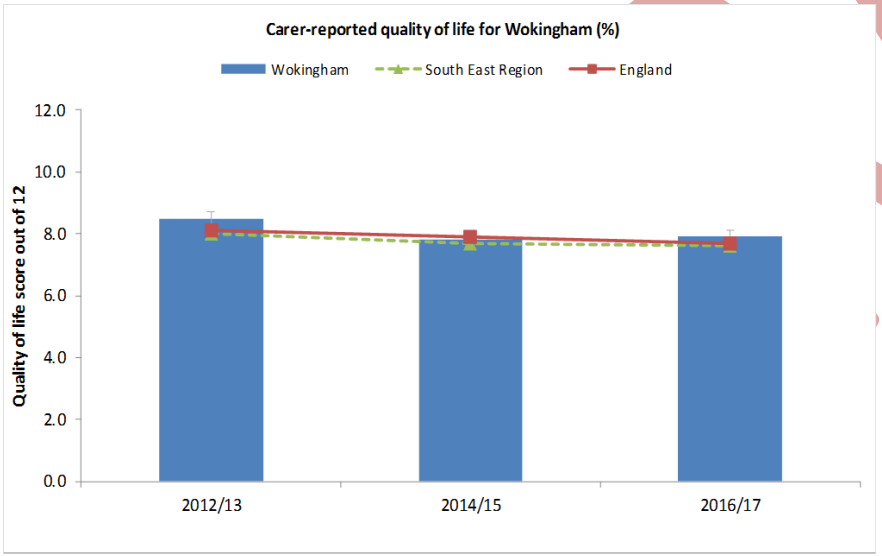
There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social

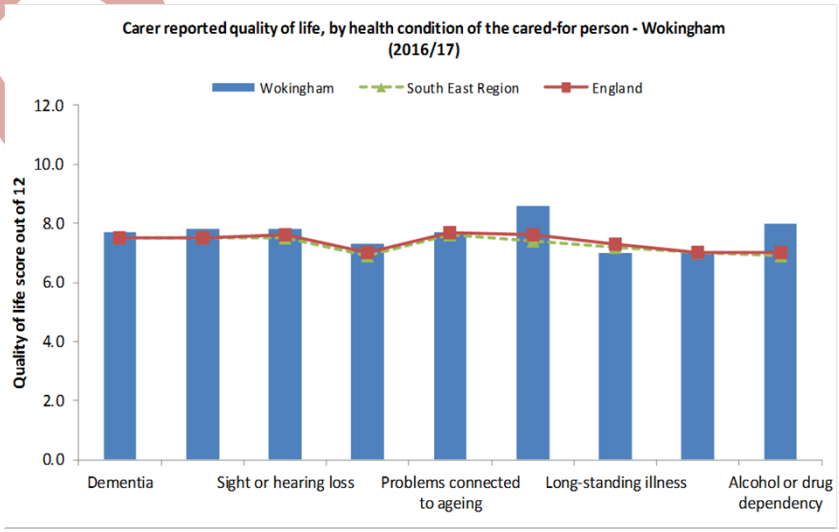
care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.

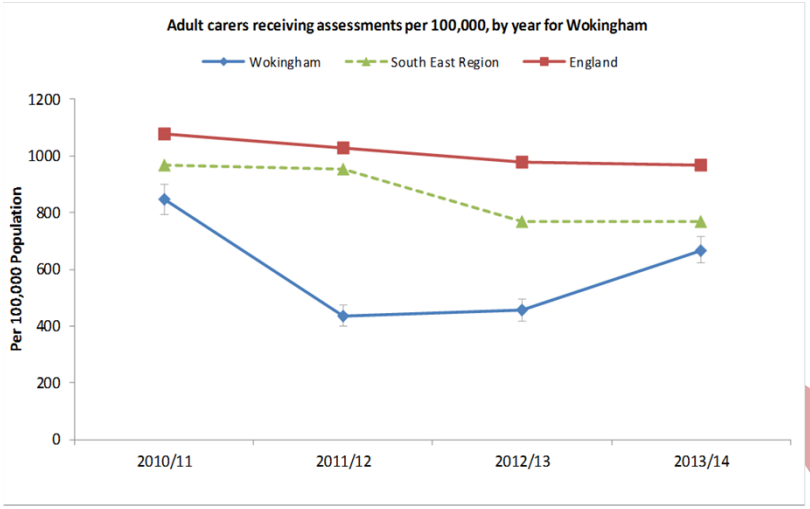
"Locally, the percentage of respondents to the Personal Social Services Carers Survey who responded to the question ""Thinking about how much contact you have had with people you like, which of the following best describes your social situation?"", with the answer ""I have as much social contact I want with people I like"" was 34.5%. This is similar to England (35.5%) and the comparator group (34.2%)."

Source: PHE: Public Health Outcomes Framework

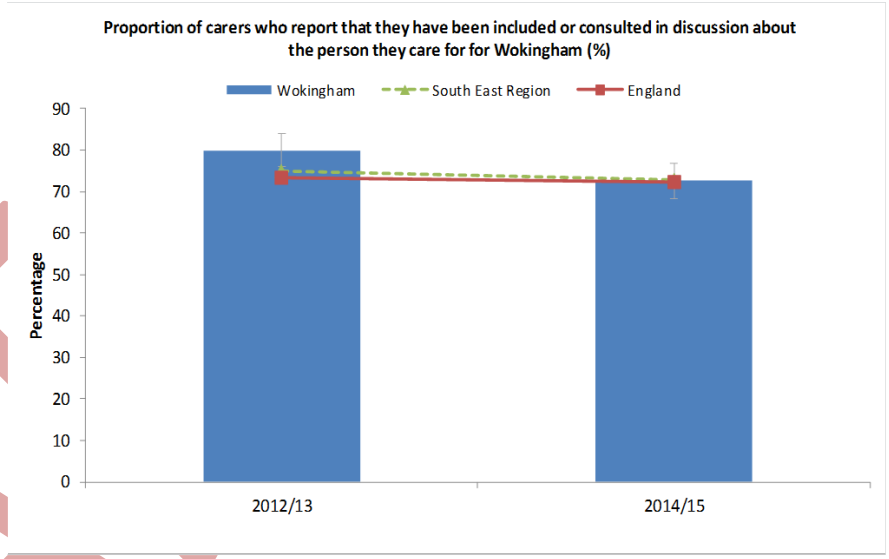


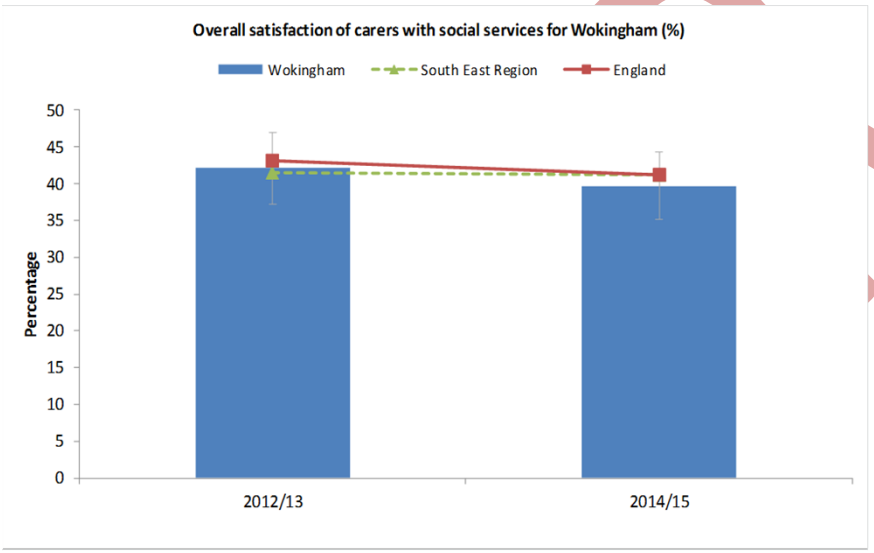






Source: PHE: Adult Social Care Profile





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